

Emergency Services District (ESD) Reporting Form Jan. 1, 2021

Information received from this form will be transmitted to the Texas Division of Emergency Management in satisfaction of reporting requirements under Chapter 775 of the Health and Safety Code. This form is for the report required for Jan. 1, 2021.

Please familiarize yourself with the form before you begin submitting answers, because there is no mechanism to save the form and return later.

ESD Name (i.e., Buffalo County ESD No. 99) *

Williamson County ESD No 1

County or Counties in Which ESD is Located *

Williamson

ESD Business Address *

PO Box 523

Street Address

301 South Patterson

Street Address Line 2

Florence

City

Texas

State / Province

76527

Postal / Zip Code

United States

Country

ESD email *

admin@wilcoesd7.org

ESD phone *

254	-	7932590
Area Code		Phone Number

ESD website**Type of ESD ***

- ☐ Fire
☐ Emergency Medical Service
☒ Both

Annual ESD Budget ***Tax rate (most recently adopted; i.e., \$0.10/\$100) *****Population of ESD****Area (sq. miles) of ESD****Does your ESD collect a sales tax?**

- ☒ Yes
☐ No

If your ESD collects a sales tax, what is the rate of the sales tax? (i.e. 1/2 percent)

2 percent

Name of Person Completing this Form *

Amy

First Name

Crane

Last Name

E-mail *

acrane@wilcoesd7.org

Phone Number *

254

Area Code

793-2590

Phone Number

Name of ESD President (Commissioner No. 1) *

John

First Name

Fenoglio

Last Name

E-mail *

jfenoglio@wilcoesd7.org

Term Expires (example: 12/31/20) *

12/31/2021

Name of ESD Vice President (Commissioner No. 2) *

Sandra

First Name

Simpson

Last Name

E-mail *

ssimpson@wilcoesd7.org

Term Expires (example: 12/31/19) *

12/31/21

Name of ESD Secretary (Commissioner No. 3) *

Keith

First Name

Couch

Last Name

E-mail *

kcouch@wilcoesd7.org

Term Expires (example: 12/31/19) *

12/31/20

Name of ESD Treasurer (Commissioner No. 4) *

Laura

First Name

Anderson

Last Name

E-mail *

landerson@wilcoesd7.org

Term Expires (example: 12/31/19) *

12/31/20

Name of ESD Commissioner (Commissioner No. 5) *

<input type="text" value="Amber"/>	<input type="text" value="Roberson"/>
First Name	Last Name

E-mail ***Term Expires (example: 12/31/19) *****Name of ESD's legal counsel ***

<input type="text" value="Ken"/>	<input type="text" value="Campbell"/>
First Name	Last Name

Address
Street Address
Street Address Line 2

<input type="text" value="Austin"/>	<input type="text" value="Texas"/>
City	State / Province

<input type="text" value="78759"/>	<input style="border: 1px solid black; border-bottom: none; padding: 2px 5px;" type="text" value="United States"/> <div style="border: 1px solid black; border-top: none; height: 15px; width: 15px; text-align: center; line-height: 15px;">v</div>
Postal / Zip Code	Country

Phone Number

<input type="text" value="512"/>	-	<input type="text" value="338-5322"/>
Area Code		Phone Number

E-mail ***Name of ESD's general manager, executive director or administrator (N/A if none)**

First Name

Last Name

E-mail**Name of fire chief or EMS CEO**

First Name

Last Name

E-mail**Names of Other Consultant**

First Name

Last Name

Service provided (i.e. audit)

E-mail

Names of Other Consultant

First Name

Last Name

Service provided (i.e. audit)

E-mail

Question or comment

Submit Form

Must be using Adobe Reader to submit form.